



Method of Payment and Credit Card Authorization Form

(Please Print or Type)

First Name	Middle Initial	Last Name
Company Name		
Address		
City	State	Zip
Phone No. () -	Facsimile No. () -	Cellular No. () -
Citation No.	VIN No.	
ROV / NOV No.	License No.	
Citation Amount \$		

Method of Payment

Check ☐ Money Order ☐

(Please attach check or money order.)

Credit Card:

Please charge my: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card No.	
Expiration Date	Amount Authorized \$
Authorized Signature	Today's Date

If payment is by check, please make check out to:

California Air Resources Board
Enforcement Division
1001 I Street, 5th Floor
Sacramento, California 95814
Fax (916) 445-5745

California Air Resources Board
Enforcement Division
Post Office Box 160
Rosemead, California 91770-0160
Fax (626) 450-6170

Please direct questions to (916) 322-7061 or 1-800-END-SMOG.

ENFORCEMENT DIVISION'S MISSION STATEMENT:

"To protect public health and the environment by maximizing reductions in emissions of air contaminants and exposure to air contaminants through the fair, consistent and comprehensive enforcement of statutory and regulatory requirements for sources of air pollution under ARB jurisdiction."